

California Code of Regulations

TITLE 17, Division 1, Chapter 9, Screening for Childhood Lead Poisoning

Article 1. Definitions

§37000. Health Care Provider

"Health care provider" means a person licensed to practice medicine pursuant to Article 3 (commencing with Section 2050) of Chapter 5 of Division 2 of the Business and Professions Code; a person licensed to practice as a nurse practitioner pursuant to Article 8 (commencing with Section 2834) of Chapter 6 of Division 2 of the Business and Professions Code; or a person licensed to practice as a physician's assistant pursuant to Article 3 (commencing with Section 3513) of Chapter 7.7 of Division 2 of the Business and Professions Code.

Note: Authority cited: Sections 100275(a), 105285 and 105300, Health and Safety Code. Reference: Section 105285, Health and Safety Code.

§37020. Publicly Funded Program for Low Income Children

"Publicly funded program for low income children" means:

- (a) Medi-Cal, as defined in Chapter 7 (commencing with Section 14000) and Chapter 8 (commencing with Section 14200) of Part 3 of Division 9 of the Welfare and Institutions Code;
- (b) Child Health and Disability Prevention program, as defined in Article 6 (commencing with Section 124025) of Chapter 3 of Part 2 of Division 106 of the Health and Safety Code;
- (c) Healthy Families, as defined in Part 6.2 (commencing with Section 12693) of Division 2 of the Insurance Code;
- (d) Special Supplemental Nutrition Program for Women, Infants and Children, as defined in Article 2 (commencing with Section 123275) of Chapter 1 of Part 2 of Division 106 of the Health and Safety Code; or
- (e) Any federally funded or State of California funded program that provides medical services or preventive healthcare to children in families whose income is equal to or less than the maximum qualifying income level for participation in any of the programs specified in subsections (a) through (d).

Note: Authority cited: Sections 100275(a), 105285 and 105300, Health and Safety Code. Reference: Section 105285, Health and Safety Code.

§37025. Screening

"Screening" means testing an asymptomatic child for lead poisoning by analyzing the child's blood for concentration of lead.

Note: Authority cited: Sections 100275(a), 105285 and 105300, Health and Safety Code. Reference: Section 105285, Health and Safety Code.

Article 2. Standard of Care on Screening for Childhood Lead Poisoning.

§37100. Requirements

(a) Except as provided in subsections (c) and (d), every health care provider who performs a periodic health assessment of a child, at the ages specified in subsection (b), shall comply with the following standard of care:

- (1) Provide oral or written anticipatory guidance to a parent or guardian of the child, including, at a minimum, the information that children can be harmed by exposure to lead, especially deteriorating or disturbed lead-based paint and the dust from it, and are particularly at risk of lead poisoning from the time the child begins to crawl until 72 months of age.
- (2) If the child receives services from a publicly funded program for low-income children, order the child screened for lead poisoning as the child is presumed to be at risk of lead poisoning.
- (3) If the child does not receive services from a publicly funded program for low-income children, evaluate the child's risk of lead poisoning by asking a parent or guardian of the child the following question: "Does your child live in, or spend a lot of time in, a place built before 1978 that has peeling or chipped paint or that has been recently renovated?" If the parent or guardian answers "yes" or "don't know" to the question, order the child screened for lead poisoning.

(b) Except as provided in subsections (c) and (d), the health care provider shall perform the actions specified in subsection (a) at each of the following times:

(1) The anticipatory guidance required by subsection (a)(1) shall be performed at each periodic health assessment, starting at 6 months of age and continuing until 72 months of age.

(2) The screening and evaluation required by subsections (a)(2) or (3) shall be performed:

(A) When the child is 12 months of age.

(B) When the child is 24 months of age.

(C) Whenever the health care provider performing a periodic health assessment becomes aware that the child is 12 months to 24 months of age and the actions specified in subsections (a)(2) or (3) were not taken at 12 months of age or thereafter.

(D) Whenever the health care provider performing a periodic health assessment becomes aware that the child is 24 months to 72 months of age and the actions specified in subsections (a)(2) or (3) were not taken when the child was 24 months of age or thereafter.

(E) Whenever the health care provider performing a periodic health assessment of a child 12 to 72 months of age becomes aware that, in the professional judgment of the health care provider, a change in circumstances has put the child at risk of lead poisoning.

(c) The health care provider shall have no duty to order a child screened for lead poisoning if a parent or guardian of the child, or other person with legal authority to withhold consent, refuses to consent to the screening.

(d) The health care provider shall have no duty to order a child screened for lead poisoning, if and so long as the risk of screening is a greater risk to the child's health than the risk of lead poisoning, in the professional judgment of the health care provider. The health care provider shall document the reasons for not screening in the child's medical record.

(e) Upon receiving the results of a blood lead analysis in which the blood lead level is equal to or greater than 10 micrograms of lead per deciliter of blood, the health care provider shall take those actions that are reasonable and medically necessary to reduce, to the extent possible, the child's blood lead level below 10 micrograms of lead per deciliter of blood, such as the following:

(1) Education of a parent or guardian on lead hazards and lead poisoning;

(2) Clinical evaluation for complications of lead poisoning;

(3) Follow-up blood lead analyses:

(A) At one- to two-month intervals until the blood lead level has remained less than 15 micrograms of lead per deciliter of blood for at least six calendar months and the source of the lead poisoning has been removed or remediated; and

(B) Thereafter, unless the child has received additional lead-hazard exposure, at three-month intervals until the child is 36 months of age;

(4) Referring the family to the local childhood lead poisoning prevention program or, if none, the local health jurisdiction; and

(5) Chelation therapy, if appropriate in the professional judgment of the health care provider.

(f) A health care provider who fails to comply with this standard of care may be subject to the disciplinary provisions of Article 12 (commencing with Section 2220) of Chapter 5 of Division 2 of the Business and Professions Code.

Note: Authority cited: Sections 100275(a), 105285 and 105300, Health and Safety Code. Reference: Section 105285, Health and Safety Code.

History.

1. New article 2 (section 37100) and section filed 10-10-2000 as an emergency; operative 10-10-2000

(Register 2000, No. 41). A Certificate of Compliance must be transmitted to OAL by 2-7-2001 or emergency language will be repealed by operation of law on the following day.

2. New article 2 (section 37100) and section refilled 2-8-2001 as an emergency; operative 2-8-2001 (Register 2000, No. 6). A Certificate of Compliance must be transmitted to OAL by 6-8-2001 or emergency language will be repealed by operation of law on the following day.

3. Repealed by operation of Government Code section 11346.1(g) (Register 2001, No. 23).

4. New article 2 (section 37100) and section filed 6-4-2001 as an emergency; operative 6-9-2001 (Register 2001, No. 23). A Certificate of Compliance must be transmitted to OAL by 10-9-2001 or emergency language will be repealed by operation of law on the following day.

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